

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11190  
Reg. Dist.

No. 252

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN <u>Lone Point</u>				OR TOWN <u>Lone Point</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) <u>Robert</u> (Middle) <u>William</u> (Last) <u>Cannon</u>				(Month) <u>Nov</u> (Day) <u>9</u> (Year) <u>1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>Single</u>	<u>March 22, 1882</u>	<u>73</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Walterman</u>		<u>Walterman</u>		<u>Rock Hall Md</u>		<u>U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Arthur William Cannon</u>				<u>Lidia Amanda Fogwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>3</u> (If Yes, give war or dates of service) <u>none</u>		<u>219-12-6955</u>		<u>Mrs Mary J. Donnelly - Rock Hall Md</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>420.1</u> Immediate cause (a) <u>Coronary occlusion</u> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:			19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE				CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED			
<u>W. Henry Fisher - Centerville Md</u>				<u>11/10/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov 12-55</u>		<u>Wesley Chapel</u>		<u>Rock Hall Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>11-11-55</u>		<u>Edna Armstrong</u>		<u>Barton Bros Centerville Maryland</u>			

BUREAU V. S.

NOV 22 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11191

## 11185 CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH- COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>D.A.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>	
TOWN <u>Grasonville</u>		TOWN <u>Grasonville</u>	
HOSPITAL OR INSTITUTE OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural, give location) <u>Scott Town</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>William</u> (Middle) <u>Arthur</u> (Last) <u>Cooper</u>		(Month) <u>Nov.</u> (Day) <u>21</u> (Year) <u>1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 22 1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seaford</u>	9. AGE last birthday <u>69</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Henry Cooper</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Ann Redman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Wife - Mrs. Hattie Cooper</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause (a) <u>Cerebral Thrombosis</u>		<u>1 wk</u>
Antecedent cause(s) (b) <u>Hypertensive-Arteriosclerotic CV Disease</u>		<u>Sev Yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>8</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 29 1955

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## 11186 CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne</u>	
CITY (if outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (if outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Stevensville</u>				TOWN <u>Stevensville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Robert</u> (Middle) <u>Lee</u> (Last) <u>Councill</u>				(Month) <u>Nov.</u> (Day) <u>28</u> (Year) <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 MRS.
<u>M.</u>	<u>W.</u>	<u>Married</u>	<u>Aug. 28, 1877</u>	<u>78</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Engineer</u>		<u>R.R.</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Robert Councill</u>				<u>Martha Sparks</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>717-08-9634</u>		<u>Mrs. R. Councill--Stevensville, Md.</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
260X IMMEDIATE CAUSE (A) <u>coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO <u>Arteriosclerosis &amp; hypertensive cardio-</u>				<u>Nov. 28, 1955</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO <u>vascular disease</u>				<u>10 years</u>			
STATING UNDERLYING CAUSE LAST. DUE TO <u>diabetes mellitus</u>				<u>30 years</u>			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>amputation of both legs due to diabetic</u>				<u>10 years ago</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		<u>gangrene</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work		21i. HOW DID INJURY OCCUR?			
		<u>M.</u>					
22. I hereby certify that I attended the deceased from <u>Oct. 25, 1955</u> to <u>Nov. 28, 1955</u> , that I last saw the deceased alive on <u>Nov. 26, 1955</u> , and that death occurred at <u>10:15 P.M.</u> from <u>the</u> causes and on the date stated above.							
SIGNATURE <u>Theodor Sattelmair</u> M.D.				ADDRESS (Street, city, town, state)		DATE SIGNED	
				<u>Stevensville, Md.</u>		<u>Nov. 29, 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (city, town, or county) (State)	
<u>Burial</u>		<u>Dec. 1</u>		<u>CENTREVILLE</u>		<u>CENTREVILLE, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Dec. 1-55</u>		<u>Elyabeth Hofer</u>		<u>Edgar L. Lane</u>		<u>Church Hill, Md.</u>	

INSTRUCTIONS

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BUREAU V. S.

DEC 6 1955

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11187 CERTIFICATE OF DEATH

11193

Reg. Dist. No. 251

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Church Hill</u>				TOWN <u>Rural Church Hill</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100				1			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
(First) <u>William</u> (Middle) <u>Albert</u> (Last) <u>Green</u>				Nov. 13 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	Oct. 11-1877	78 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Tenant Farmer		Farm		Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
James Henry Green				Mary E. Everett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
9				Mrs. Albert Green-Church Hill, Md.			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
163X IMMEDIATE CAUSE (A) <u>Carcinoma of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/> M.		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/30, 1955, to 11/13, 1955, that I last saw the deceased alive on 11/8, 1955, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE <u>W. Henry Fisher</u>				ADDRESS (Street, city, town, state)		DATE SIGNED 11/15/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Nov. 16		Crumpton		Crumpton, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 11-15		Edgar L. Lane		Edgar L. Lane		Church Hill, Maryland	

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11194  
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 253

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Queen Anne</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Chester</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Chester</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Arthur</u>	(Middle) <u>Stewart</u>	(Last) <u>Nash Jr.</u>	(Month) <u>Nov.</u> (Day) <u>26</u> (Year) <u>1956</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, <del>WIDOWED, DIVORCED</del> (Specify):	8. DATE OF BIRTH: <u>Jan 22, 1920</u>
9. AGE last birthday: <u>35</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>Chester md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Arthur Stewart Nash</u>		14. MOTHER'S MAIDEN NAME: <u>Helen Seymour</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>4</u> (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No.: <u>none</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Myrtle Queen - Glenburnie md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
<u>420.1</u> Immediate cause (a) <u>Coronary occlusion-</u> DUE TO Antecedent cause(s) (b) <u>Found dead in bed</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	
21c. (City or town) (County) (State)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>W. Henry Fisher Centerville md.</u>		M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/> <u>11/27-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Nov 28</u>	
NAME OF CEMETERY OR CREMATORY <u>mt Olivet</u>		LOCATION (City, town, or county) <u>Balt.</u>	
24. FUNERAL DIRECTOR <u>Edgar L. Lane</u>		ADDRESS <u>Chesapeake Hill</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28-56</u>		REGISTRAR'S SIGNATURE <u>Elyabeth Hopter</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 1 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11195

## 11189 CERTIFICATE OF DEATH

Reg. Dist. No. 251

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>QUEEN ANNE</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>QUEEN ANNE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL SUDLERSVILLE</u>				OR TOWN <u>RURAL SUDLERSVILLE</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>1</u>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>CARMON N. SKINNER</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 25 1955</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT. 11, 1894</u>	9. AGE last birthday <u>61</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL CARPENTER</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>MORDECI SKINNER</u>				14. MOTHER'S MAIDEN NAME <u>HESTER A. BENTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes U. S. A.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT & ADDRESS <u>MR. ROY SKINNER - CRUMPTON, MD.</u>			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
151X IMMEDIATE CAUSE (A) <u>Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>gastric carcinoma</u>				<u>Several years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>—</u>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> <u>—</u>							
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>55</u> , to <u>Nov 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>55</u> , and that death occurred at <u>11:15</u> PM, from the causes and on the date stated above.							
SIGNATURE <u>J. H. Hamilton</u>				ADDRESS (Street, city, town, state) <u>M.D. Millington Md</u>		DATE SIGNED <u>11/27/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>Nov. 28, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>SUDLERSVILLE CEM.</u>		LOCATION (City, town, or county) (State) <u>SUDLERSVILLE MD.</u>	
24. REC'D BY REGISTRAR DATE <u>Nov. 30, 1955</u>		REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Tallow</u>		ADDRESS <u>Millington Md.</u>	

BUREAU V. S.

NOV 30 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist.

11196

No. 2524

## 1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)  
TOWN Centerville RFDLENGTH OF STAY  
(In this place)  
4 yrsHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MDCOUNTY Queen AnneCITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN Centerville RFDSTREET  
ADDRESS

(If rural, give location)

3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

JosephLeeSmallwood4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

Nov191955

## 5. SEX:

male6. COLOR OR  
RACE:white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): Single

## 8. DATE OF BIRTH:

July 18-1943

## 9. AGE last birthday:

12 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): Student10b. KIND OF BUSINESS OR  
INDUSTRY:none

## 11. BIRTHPLACE (State or foreign country):

Charles town W. Va12. CITIZEN OF WHAT  
COUNTRY?U.S.A

## 13. FATHER'S NAME:

Robt. A. Smallwood

## 14. MOTHER'S MAIDEN NAME:

Cora Redmond15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unk.) (If Yes, give war or dates of  
service)Nono

## 16. SOCIAL SECURITY No.:

none

## 17. INFORMANT &amp; ADDRESS:

R. J. Funkhouser - Centerville Md

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

DUE TO

(a) Shot gun wound in head - accident

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN  
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS  
PRIMARY ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
or street, office bldg., etc.,  
INJURY

## 21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY 11-19-55 2:15 PM.21e. INJURY OCCURRED  
While at Not while  
work ☐ at work ☒

## 21f. HOW DID INJURY OCCUR?

Shot in duck blind - accidently

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐ , Inspection ☒ , Inquiry ☐ , and find that death resulted from: Natural causes ☐ , Accident ☒ , Suicide ☐ , Homicide ☐ , Undetermined cause ☐ .

## SIGNATURE

W. Henry Frasier - Centerville Md

M. D.

CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

## DATE SIGNED

11/20/5523. BURIAL, CREMATION,  
REMOVAL (Specify):Burial

## DATE THEREOF

Nov. 22-1955 Edge Hill

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

Charles Town W. VaDATE REC'D BY LOCAL  
REG.11-20-55

## REGISTRAR'S SIGNATURE

Clair Armstrong

## 24. FUNERAL DIRECTOR

Barton Bushy W. Edwards Barton Centerville Md.

## ADDRESS

RECEIVED

DEC 2 1955

BUREAU V. S.

100-100000-100000

100-100000-100000